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ABSTRACT

These picture stories help English as a Second Language teachers address topics affecting their students' health and wellbeing. They are useful for beginner and low-literacy students, offering a safe, impromptu way to discuss difficult topics, ask questions, and obtain information. As the stories are about cartoon characters, students are not pressured to disclose their own experiences. The stories "Emergency," "A Doctor's Appointment," and "Stressed Out" are about common, uncontroversial topics and are suitable for most classes. "What Should She Do?" examines domestic violence. Using the language experience approach with beginners is helpful because it utilizes students' own language and experiences to create stories; promotes speaking, listening, reading, and writing while letting students determine content; and discusses life skills, with students negotiating to come up with mutually agreed upon stories. The teacher asks students what is happening in each frame of the story to elicit discussion, then writes it down as students retell it. The teacher can ask questions to make sure important information or vocabulary is included. After the story is written, the class practices reading it chorally and individually. Students then copy it down. Various follow-up activities like sentence or word sequencing or cloze activities can be done to promote reading. (Adjunct ERIC Clearinghouse for ESL Literacy Education) (SM)

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1

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Picture Stories for ESL Health Literacy

1. Emergency
2. A Doctor's Appointment
3. Stressed Out!
4. What Should She Do?

by Kate Singleton

ED 465 303

The picture stories are:

- designed to help ESOL instructors address topics that affect the health and well-being of their students.
- useful for beginner and low-literacy students. Newcomers to the United States and adults with lower literacy tend to have the least awareness of and access to health care services, thereby running the risk of more serious and chronic health outcomes. Words are kept to a minimum in the stories to give just enough information to convey an idea without becoming too distracting for students with very low literacy.
- designed to be safe, impersonal prompts to allow students to discuss difficult topics, ask questions, and obtain information. As the stories are about cartoon characters, the students should not feel pressure to disclose their own experiences on the topic if they don't want to.
- Adaptable for use at different levels.

What groups of students are the picture stories suitable for?

The stories "Emergency," "A Doctor's Appointment," and "Stressed Out" are suitable for most classes, as the topics are common and uncontroversial. **"What Should She Do?," however, should be used with discretion, as its topic of domestic violence may evoke strong reactions and discomfort, especially if a class member has experienced domestic violence personally or knows someone who has.**

How can the stories be used in class?

The Language Experience Approach (LEA) is an effective way to use the picture stories with beginners.

Benefits of LEA:

- uses the students' own language, experiences and observations to create a product, their own story.
- promotes speaking, listening, reading and writing, while letting students decide on the content.
- Life skills are discussed, and the students negotiate to come up with a story on which all can agree.

Suggested LEA procedure:

- The teacher can ask the students what is happening in each frame of the story. She can ask questions to elicit specific details or observations, and if students don't have a

FL 801 501

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clear idea of what to say, various scenarios can be discussed until the class chooses one they like.

- Once the whole story has been elicited orally, the teacher tells the students that she will write it down as they retell it. While the students retell it, the teacher writes, trying to stay close to the students' own language. She can smooth it out for clarity's sake occasionally, but the story should be the students' product, based on their ideas.
- The teacher can ask questions again to make sure important information or vocabulary is included.
- After the story has been written, the class can practice reading it chorally and individually.
- Students can then copy it down (it's best to leave this step until the end; if students are writing as the teacher is eliciting the story, they don't participate in the creation of the story.).
- If reading is a skill focus of the class, various follow-up activities like sentence or word sequencing, or cloze activities can be done in a later class. If oral skill development is the focus, retelling without reading could be practiced.

Picture Story: Emergency!

Health literacy issues:

- access to care; availability of low or no-cost health care for low-income uninsured cost of care; cost comparison of preventive care and emergency care;
- negotiating a payment plan; credit records and non-payment of bills
- health insurance system, availability, procedures
- the culture of preventive care in the United States

The basic story:

A man feels pain symptoms in June, but ignores them because he doesn't have insurance and feels he can't afford medical care without it. A female acquaintance suggests that he see a doctor, but he repeatedly refuses to because of his concern about the cost. Six months after his pain starts, he is taken to the emergency room by ambulance because his condition has worsened. A month later, he is still in bed, faced with a large hospital bill which he doesn't know how he will pay.

Background information:

- Beginning and low literacy students commonly report to ESOL teachers that they don't have insurance and don't go to the doctor in the United States because it costs too much money.
- Students are often unaware of local low or no-cost clinics that they are eligible to use, or they fear that using clinics will jeopardize their immigration status. Low or no-cost clinics exist in many urban areas and some rural areas in the U.S. Low cost clinics charge fees on a sliding scale based on income. New patients may need to make a preliminary appointment for verifying eligibility before they can have a medical appointment at some clinics. Some clinics periodically close enrollment because they are overburdened, so a student might need to check back regularly to see if new patients are being accepted.
- Consequently, conditions that could be treated at relatively low cost and physical discomfort to the patient can become very costly and chronic when treatment is delayed.
- Such situations can derail a student's efforts to attend school or maintain employment, among other repercussions.
- When students do see a U.S. health care provider, they may be confused by the expectation of self-care and prevention in our health care culture if these are not the norm in their native culture.

Suggested questions for prompting discussion while eliciting the story

- **First frame:** What is happening in the picture? What do you see? What is the man's name? What's the matter with him? What is he saying? What does "ouch" mean?(What do you say in your language when you are hurt?) When is it happening?
- **Second frame:** When is it now? How is the man now? What is he saying? Who is the woman? What is she saying? *(If students just say, "Doctor?," ask them for a complete question, like "Did you see a doctor?")*

- **Third frame:** What does he answer? *(Again, try to elicit more words than "No doctor. Too much money." If students are confused or hesitant, you can propose "I can't go to the doctor! It costs too much money!"*
- **Fourth frame:** When is it now? How does he feel now? *(A common answer is "Double ouch!")* Does he go to the doctor in December? Why not?
- **Fifth frame:** When is it now? What's happening? Where is he now? Where is he going? What room will he go to in the hospital? What will happen in the emergency room? *(This can bring up vocabulary like surgery, operation, medicine, etc.)*
- **Sixth frame:** Now what month is it? Where is he now? What is he looking at? How much do you think the bill is for? How much does it cost to go to the emergency room? How much does surgery cost? How much does it cost to go in an ambulance? What is he thinking? How is he feeling? What can he do?

With the sixth frame the opportunity arises for particularly valuable discussion on students' health care options and responsibilities:

- Can he do anything different in June so he will not have a big problem in January? *(Some students may bring up valuable suggestions for preventive care, such as exercising, taking vitamins, reducing stress, etc. Some may have experience with clinics and volunteer information, which is great!)*
- Can he go somewhere to see a doctor? *(Often this meets a negative response from students who are unaware of local affordable clinics. The teacher can provide the phone number, address and basic eligibility information for such clinics and explain that their use is not reported to Immigration.)*
- How will he pay the bill? *(Some students may have had the experience of arranging a payment plan with a hospital. If not, the teacher can bring up the idea. Also, individual doctors may agree to charge less for uninsured patients.)*
- What happens if he doesn't pay the bill? *(This can lead to discussion of credit, why it's important, what it is needed for, and how to keep in good standing.)*

Additional Useful Information

The following information can be helpful for your students. Language is simplified, but you can decide how to present it, how much to present and what specific information suits the interest and needs of your students. The information may be used for teacher reference, or it may be modified for the level of your students to make an informational handout or other activity.

Paying for health care if you do not have insurance

- Is there a low-cost or free clinic near your home? Find the phone number and call to see if you qualify for treatment there. Sometimes you need to wait a few weeks for your first appointment because the clinics are busy.
- If you do not have insurance, sometimes (not always!) regular doctors charge less for uninsured people's treatment. You need to ask at the doctor's office or hospital. Sometimes no one tells you if you don't ask.

- If you have a big bill that you cannot pay at one time, ask if you can have a **payment plan**. With a payment plan, you pay the same amount each month (for example, $50) until you finish paying everything off.
- If you do not pay a medical bill, usually your bill will go to a **collections agency**. This is very serious! Collections agencies give you a **bad credit rating** in computer systems that banks and many other businesses can check. If you do not pay the collections agency, you will have bad credit. With bad credit, you cannot buy a house, car, or college education. You cannot rent a new apartment. You cannot get a credit card. You cannot receive a loan from a bank, and sometimes you cannot open a bank account. It is very difficult to fix bad credit.

Picture Story: A Doctor's Appointment

Health literacy issues:

- Speaking with a health care provider
- The right to an interpreter
- Patient self-advocacy; patient's responsibility to ask questions in brief clinical encounter
- Clarification of treatment plan
- Avoiding medication errors
- Cultural perceptions of doctor/patient relationship

The basic story: A man feels a pain and goes to the doctor. The doctor examines him, asks questions about the symptoms and gives him a lot of information. The man pretends he understands, but he doesn't speak much English and doesn't know what the doctor is saying. The doctor gives him a chance to ask questions, but the man doesn't ask any. He gets some new prescriptions but doesn't understand how to take them. At home one of his family members asks what the doctor said, and the man reports that he doesn't know. He is frustrated and confused.

Background information:

- Students report and statistics bear out that they often don't understand what health care providers tell them in English, don't feel able to ask questions, and don't understand all the written instructions for medicines and treatment.
- Fear of having to communicate in English keeps some from seeking treatment.
- Federal law (Civil Rights Act of 1964) mandates that any facility receiving federal payments (medicare, medicaid) must provide interpreters for patients whose English is limited. Specifically, the law prohibits discriminatory treatment on the basis of national origin by agencies receiving federal funds. While compliance with the law is not well-monitored, the use of trained health care interpreters is increasing in the medical field. Your local health department *might* be able to provide an interpreter for a students' medical appointment. Doctors sometimes subscribe to call-in translation banks that can do interpretation for most languages over the phone.
- Some cultures believe that a doctor is an expert and therefore should not be questioned. Students from such a background could benefit from learning the importance of the patient's asking clarifying questions in today's typically brief medical encounter, and their right to seek a second opinion.
- Medication errors are a growing problem in the United States. While causes vary, evidence shows that many adults lack the literacy skills to understand medication information and instructions, which can lead to serious errors in their usage.

Suggested questions for prompting discussion while eliciting the story

- **First frame:** What's the matter with the man? What is his name? What should he do?
- **Second frame:** Where is he now? Who is with him? What is the doctor doing? How is the man feeling?

- **Third frame:** What is the doctor saying? What does the man say? Do you think the man understands the doctor? Why not? Why does he say "OK"?
- **Fourth frame:** Now what is the doctor saying? What question does he ask the man? What does the man answer? Is that true?
- **Fifth frame:** Now what does the doctor ask him? What does the man answer?
- **Sixth frame:** Now the man leaves the doctor's office. What is in the picture with him? What is he thinking? What is the problem with taking the prescriptions?
- **Seventh frame:** Now where is the man? Who is he speaking with? What does she ask him? How is the man feeling now?
- **Eighth frame:** What does the man answer?

With the eighth frame the opportunity arises for particularly valuable discussion on language barriers in health care and what communication is expected of the patient in the U.S. health care system.

- Has this ever happened to you? *(Students have reported that "This is my story," or "The man is me!")*
- What advice can you give the man?
- What can someone do if they don't speak much English and they need to see the doctor? *(At this point the teacher can give information about the rights of limited English speakers and any interpreting options available in the community or through a doctor's office, e.g. the call-in interpreter banks. Other suggestions students have come up with include taking a friend or family member who speaks more English, or finding a doctor who speaks your language. There is no perfect answer, but it is important to know the law and discuss options.)*
- What questions can this patient ask the doctor about the prescription medicines? *(The class could brainstorm a list. Some examples of possible questions follow. Questions are simplified, but some may still be difficult for lower levels and some vocabulary may need explanation. You can decide how much and what kind of information your students is suited to your students' levels and needs. You may use these as a reference, or you may modify them for your students' level to make informational handouts or other activities.)*

Questions to ask the doctor about your medicine

1. What is this medicine?
2. Why am I taking it?
3. What does this medicine do?
4. How long do I need to take it?
5. When will I start feeling better?
6. What are ok **side effects** of the medicine?
7. What are bad side effects of the medicine?
8. What side effects do I need to call you for?
9. Is it ok to drink alcohol with this medicine/this condition?
10. Do I need to come back and have the doctor check my medicine? *(Certain medicines require that the level of the medicine in the blood is regularly monitored.)*

11. Here are the names and doses of other medicines I'm taking now. Is it ok to take the new medicine with them? (*Include **over-the-counter** medicines, **prescriptions**, **vitamins**, and **herbs**, from the United States and other countries.)*

Additional Information

More advice for talking with doctors about your medicines

- If you cannot read the doctor's handwriting on the prescription, ask him to write it again clearly so the pharmacist can read it, too.
- Tell the doctor your allergies to medicines, and bad side effects you had from medicines in the past.
- Write a list to show the doctor or hospital staff what medicines you are taking and how much you take. If you cannot write it, put your medicines in a bag and take them with you to the doctor.
- Check before you leave the pharmacy that you got the correct medicine and that you understand how to take it. It is ok to ask the pharmacist questions.

- **General advice for patients in the doctor's office/hospital:** *(This information refers to what is expected from the patient in U.S. health care culture. It is simplified, but still uses useful health care vocabulary which may need to be introduced to your students. Again, you can decide how much and what kind of information is suited to your students' levels and needs. You may use these as a reference, or you may modify them for your students' level to make informational handouts or other activities.)*

- SPEAK UP. ASK QUESTIONS! Doctors want patients to be interested in their **treatment**. In the US doctors expect you to make decisions together with them.
- If a doctor is busy, he or she sees the patient for only 10 minutes. Think of some questions before you go to the appointment so you get the information you need.
- Take a friend with you who can help you ask questions and understand the doctor. Sometimes a friend is better than someone in your family, because a family member may not be comfortable speaking about your health and body.
- Make **INFORMED DECISIONS**. This means learn all you can about your problem and its possible treatments before you decide what treatment to have. Ask questions to doctors, nurses, and other people who had your problem. If possible, read information about it in books and on the Internet.
- Be ready to tell the doctor what **symptoms** you have and how long you have had the symptoms.
- In the US, be ready to tell the doctor your **family's medical history**. What big health problems did your parents, grandparents, brothers and sisters have? This helps the doctor know what to check for in you.
- If you are in the hospital, **talk with the doctor or nurse** before you go home about what you should do and what medicines you should take when you leave the hospital. Make sure you understand everything. **If you don't understand, ask more questions**.
- If you don't want to take a medicine or have an operation, you can ask the doctor if there is an **alternative treatment.** If you are not sure that surgery is the right thing for you, you can ask a different doctor for a **second opinion.** (You have to pay both doctors!)
- If you need to go to the hospital for an operation, try to go to a hospital that does this operation a lot.
- If you don't hear **test results** in the time the doctor tells you, call the doctor to check on the results.

Picture Story: Stressed Out!!!

Health literacy issues:

- stress management
- self-care
- prevention

Basic Story: A woman wakes up in the middle of the night to feed her baby. Her family (her husband and 2 older children) is waiting for her to cook them breakfast at 7AM. She arrives late to work, and her supervisor is angry with her. On her way home from work, she is in a fender bender. Later that night, she looks at her bills and worries about money. After that, she feels completely stressed out from all the stressors of her day.

Background Information:

- Stress is something most adult ESL students can relate to. Many juggle the demands of one or more low-paying jobs while going to school and taking care of family.
- The immigration process itself generates stress as people adapt to the new culture.
- Intergenerational stress occurs as children assimilate to U.S. culture and using English faster than their parents.
- Unchecked stress can lead to physical illness in many people and mental illness, such as anxiety and depression, in some.

Suggested questions for prompting discussion while eliciting the story

- **First frame:** What time is it? Who is in the picture? What is the mother doing? What is the baby doing? How does the mother feel?
- **Second frame:** What time is it now? Who are the people in the picture? *(the woman's husband and two older children)* What do they want? Who makes the breakfast for them? Where do you think the mother is now?
- **Third frame:** What time is it now? Now where is the woman? What is the problem? Who is the man in the picture? What is he saying? Is he happy? Why not? How does the woman feel?
- **Fourth frame:** What time is it now? Where is the woman? What happened? What is she thinking? How does she feel?
- **Fifth frame:** What time is it now? Now where do you think the woman is? What is she holding in her hand? What is she thinking? Is she happy? Why not?
- **Sixth frame:** What time is it now? What is the woman doing? Why?

With the sixth frame the opportunity arises for particularly valuable discussion on stress reduction and stress management.

- What are the woman's problems in the story?
- What can happen if she continues to have too much stress in her life? *(e.g. make mistakes at home and on job, physical illnesses, anger, depression, anxiety)*
- What advice can you give the woman to have less stress in her life? What do you do when you feel stress? *(Students can create lists of ideas in groups when finished with LEA story. They could make a poster or share ideas orally.)*

- What are some things that give you stress in your life?
- Can you change anything to feel less stress for yourself? What can you do?

Picture Story: What Should She Do?

Health literacy issue:

- **domestic violence**

IMPORTANT: "What Should She Do?" should be used with discretion, as its topic of domestic violence may evoke strong reactions and discomfort, especially if a class member has experienced domestic violence personally or knows someone who has.

It is the author's experience that students who feel comfortable in a class sometimes ask their teacher for information about the rights of domestic violence victims in the U.S. as well as services that can provide refuge from abuse. Such students may indicate that they know a friend of a friend who is in an abusive situation. The picture story can be a safe catalyst for discussion of the law and dissemination of accurate information on services for victims. Also,

The timeline: Times of events are shown in the story simply to indicate the passage of time for a learner to follow. They do not indicate a standard timeline of a domestic violence situation. Each situation in real life is different, and events should not be discounted as domestic violence because they are far apart or intense periods of violence are followed by fewer episodes.

The basic story: A woman and man fall in love. They live peacefully together and start a family. One day, the man drinks too much. He gets angry and hits the woman. The woman has a black eye. The children see what happens and become upset. Later the man apologizes to the woman, tells her he loves her and gives her flowers. She is confused, but she hopes things will be better. The man drinks again, and he beats the woman again. Now the woman is very confused. She doesn't know if she should stay with the man, who says he loves her, but keeps getting drunk and beating her. She doesn't know what she should do to protect her children. She thinks about calling 911, but she isn't sure what will happen if she does.

Background information:

- Evidence shows that "there are large numbers of immigrant women trapped and isolated in violent relationships" in the United States. (Family Violence Prevention Fund website, http://www.fvpf.org/immigration/index.html, 1999, as cited in the ERIC Digest "Trauma and the English Language Learner" by Janet Isserlis, http://www.cal.org/ncle/digests/trauma2.htm.)
- Immigrants are frequently unaware that victims of abuse have legal rights in the U.S. They are also often unaware of the existence of shelters. Teachers are encouraged to find phone numbers and procedural information for shelters to provide to students in conjunction with picture story activities. Victims need a realistic idea of what they will encounter if they try to leave an abuser with the assistance of public services.
- Immigrant and refugee victims of abuse are threatened by abusers with loss of child custody and immigration status.
- Children are strongly affected by observing domestic violence. Some may become violent themselves as a result, while others withdraw or act out in other ways. For more information on this topic, see http://www.ndvh.org/, website of the National Domestic Violence Hotline.
- **October has been designated domestic violence awareness month, which provides an impersonal opportunity to bring up the issue for educational purposes.**

Suggested questions for prompting discussion while eliciting the story

- **First frame:** Who are the people in the picture? How are they feeling? What are they thinking?
- **Second frame:** When is the picture happening? Who is in the picture now? What is new in the picture? How is the family feeling?
- **Third frame:** Now what day is it? Who is in the picture? What is he doing?
- **Fourth frame:** Now what day is it? Who is in the picture? What is the man doing? Why do you think he is hitting the woman? What is the woman doing? *(Note: the alcohol is a prop in the story to illustrate a possible progression of events; however, you may want to clarify to students that domestic violence occurs without substance abuse as a precursor.)*
- **Fifth frame:** Now what do you see? What are the mother and children doing? Why is the mother crying? Why are the children crying?
- **Sixth frame:** Now what day is it? What is the man doing? What do you think he is saying? What is the woman thinking?
- **Seventh frame:** Now what day is it? What is happening in this picture?
- **Eighth frame:** How is the woman? *(upset, confused).* She is thinking about many things. What is she thinking about? *(calling police, effect on kids, alcohol problem, man says he loves her and won't do it again, etc.)*

With the eighth frame the opportunity arises for particularly valuable discussion on the problems a victim of abuse faces and sources of help available in the community.

- **What happens in your country in this kind of situation? Is it the same or different from the United States?**
- **What are the problems for the children?** *(trauma of seeing their mother attacked, possibility of become victims themselves, neglect by parents, etc.)*
- **What do you think the woman *will* do? Why?** *If they answer "stay," maybe it's for reasons of loving husband, wanting to keep the family together, embarrassed that community will find out, or fear of having to support kids alone, financially and emotionally.*
- **What do you think the woman *should* do? Why?**
- **What can happen if she calls 911?** *(maybe positive outcome of protective order and placement in shelter; or negative outcome of police don't believe her, children removed from home, etc. Students may come up with some bleak outcomes from situations they have heard about.* ***It is important that the teacher knows in advance what local police and social service resources are available to victims*** *so that students know what hope and help there is for victims. Maybe a local police officer or a social worker who specializes in domestic violence cases would speak to your class.)*
- **What can she do if she lives in your community?** *(This gives you the opportunity to provide accurate information for your community.)*

Emergency!

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A Doctor's Appointment

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STRESSED OUT!!!

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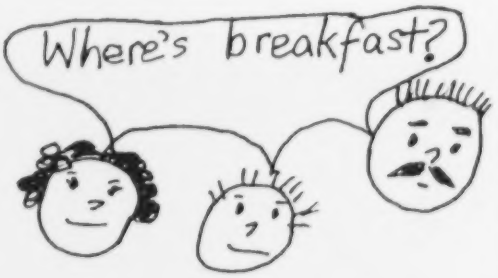

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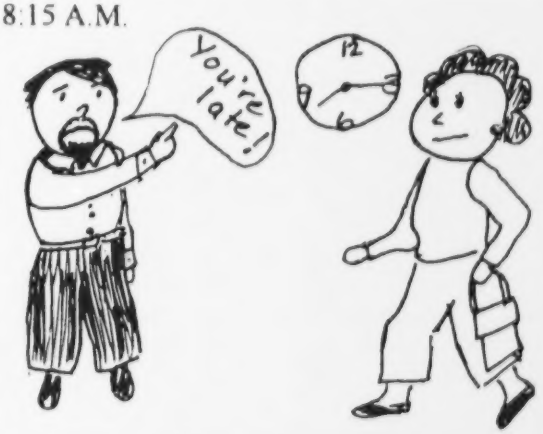

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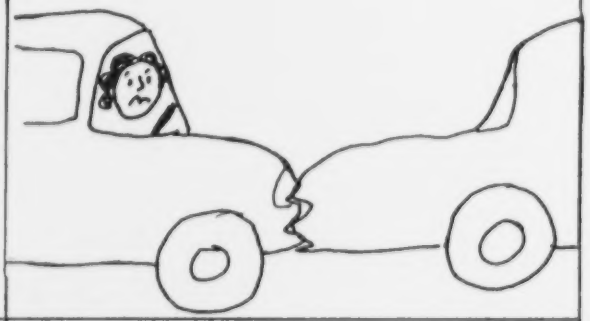

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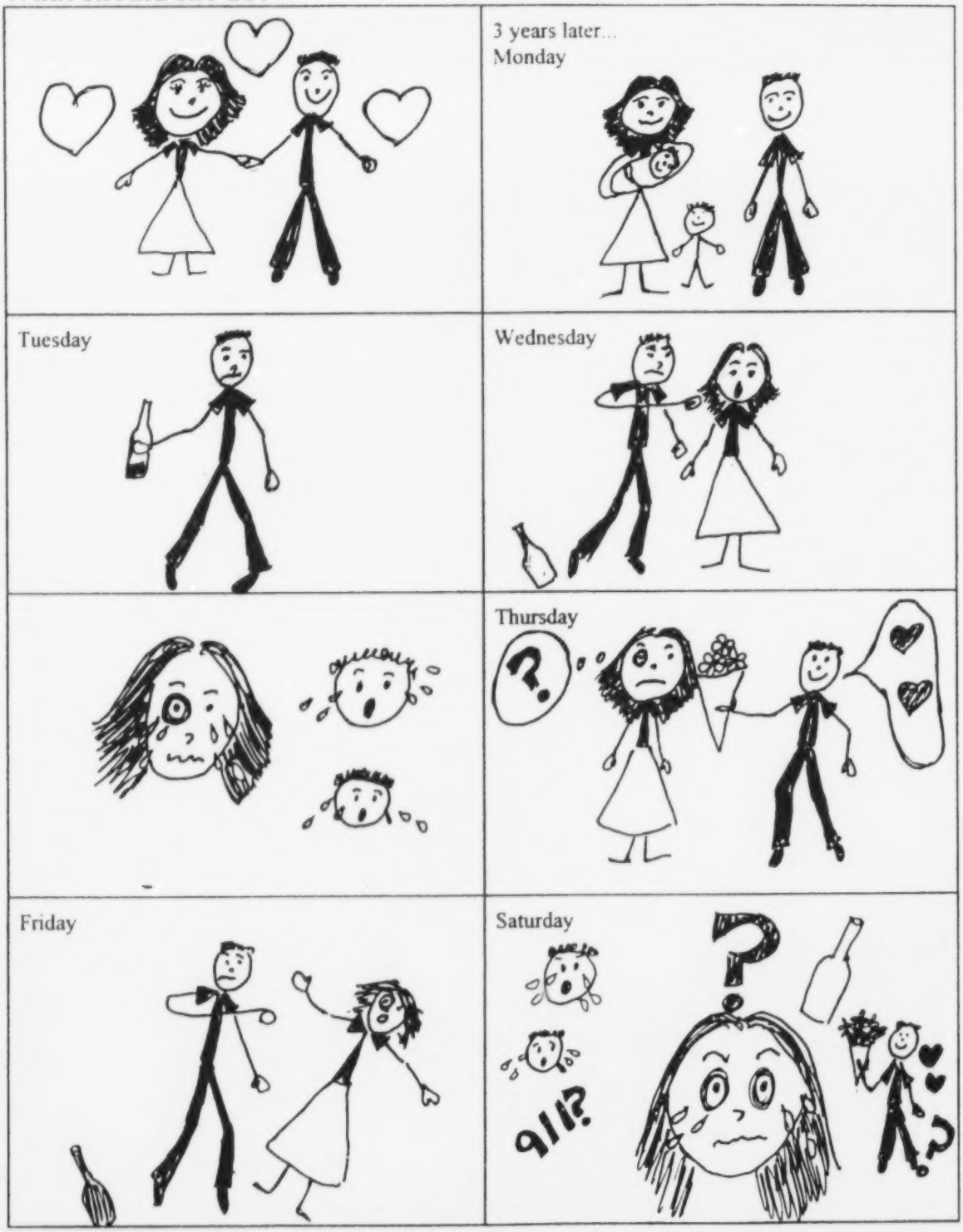
What should she do?



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